a Prist Addition and the second									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO     Effective October 1, 2003									ŀ	10	2	892	94
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY		OTHER THAN		
TOTAL CLAIMS .			35.	35.		•		RATE	<u> </u>	FEE	7	RATE	FEE
FOR .			NUMBER FILED		NUM	UMBER EXTRA		BASIC FEE 385		385.00	dos	BASIC FEI	
TOTAL CHARGEABLE CLAIMS			35 minus 20=		• /	. 15		XS 9=			1		270
INDEPENDENT CLAIMS			8 minus 3 =		5			X43=			OR	X86=	1120
M	ULTIPLE DEPE	NDENT CLAIM F	RESENT						+		OR		430
* If the difference in column 1 is less than zero, enter "0" in column 2						<b>'</b> [	+145±			OR	.+290=	1:00	
								TOTAL	L		OR	TOTAL	1430
	6/25 (Column 1) (Column 2) (Column 3)							SMAL	L EN	TITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	T	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.35	Minus	-39		. —	ŀſ	· X\$ 9=	Т		OR	X\$18=	
	Independent	. 8	Minus	8		-		X43=			OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	†			+290=	
								TOTA	+		OR	TOTAL	
l	11-15-05 (Catumn 1) (Catumn 2) (Catumn 3)							DDIT. FE	Ē L		OR,	NOOT. FEE	
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOR PAID F	ST ER USLY	PRESENT EXTRA		RATE	TIC	DDI- ONAL		RATE	ADDI- TIONAL FEE
	Total	• 24	Minus	- 3.1	<u> </u>	• /		X\$ 9=	Τ.		OR	X\$18=	
	Independent	• 4	Minus	8		•		X43=			OR	X86=	/
	rinsi Frese	NTATION OF ML	LIPLE DE	PENDENT (	CAIM.			+145=	T		OR	+290=	
				••			- Ar	TOTAL			PR .	TOTAL DDIT, FEE	
•		(Column 1)		(Columi	n:2)	(Column 3)						DOM. PEER	
	`	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA	T	RATÈ	TO	DDI- INAL EE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	8		•	F	X\$ 9=			OR	X\$18=	
	Independent	•	Minus	***				X43=	H			X86=	
لـَـ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=	1	-1	)R		
• H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."								Ļ		PA	+290=	
——————————————————————————————————————	the "Highest Nurs the "Highest Nus	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS d For IN THIS	S SPACE IS IN	ess than	20, enter "20."		TOTAL DIT. FEE in the ep	propri			TOTAL DOIT. FEE mi 1.	